

FOREIGN NATIONAL/FOREIGN REPRESENTATIVE VISIT REQUEST

This form must be completed and received by AD50/Protective Services, 20 days or 2 months (as applicable) prior to visit, in accordance with NPG 1371.2A.

PRINT OR TYPE ALL INFORMATION REQUIRED BELOW AND ON REVERSE OF THIS FORM

1. Permission is requested for the following individual to access the Marshall Space Flight Center as a visitor:

Request Date:	Date(s) of Proposed Visit		
	From:	To:	
Name (Please Print) - (Last, First, Middle): <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY):	Place of Birth:
Residence Address:	Citizenship:	Dual Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Indicate Country:	
	Passport Number:	Passport Expiration Date:	Passport Country of Issue:
Social Security Number (If Applicable):	Alien Registration Number:	Visa Type:	Visa Expiration Date:

VISITOR MUST PRESENT PROOF OF THE ABOVE IDENTIFICATIONS UPON ARRIVAL AT MSFC

Visitor's Title:	Cost to NASA (\$ Value):
Organization/Business Affiliation:	Address of Affiliation:
<input type="checkbox"/> U.S. Owned <input type="checkbox"/> Foreign Owned	

Subject(s) to be discussed (all acronyms must be spelled out) and MSFC location (building and room) of each place to be visited:

Will all business be conducted during the regular business day hours (7:00 a.m. to 6:00 p.m.)? Yes No
 If "No", justify the need for after-hours, weekend, or holiday access:

Agreement/Contract/Grant Number:

2. DECLARATION OF PERSONAL PROPERTY

At this time, business/personal electronic property (i.e., laptops, cameras, etc.) of the visitor must be declared before entering NASA/MSFC or Component Facilities. Provide description of the items and serial number:

3. MSFC POINT OF CONTACT

Name (Please Print) - (Last, First):	Organization:	Phone Number:
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FAX Number:	Name of Intended Escort(s):	Escort's Phone Number:	Is Escort Certified? If unsure, call Protective Services. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will visitor/assignee need access to computer or information technology resources: Yes No

If authorized access to computer or information technology resources, will the access be on-site or off-site: _____
(If access to computer or information technology is needed, complete MSFC Form 4336-1.)

Will visit/assignment include transfer of technology. (If "Yes", describe technology being transferred below): Yes No

Export license required: Yes No

Will visit/assignment involve information subject to Export Control Laws and/or ITAR: Yes No

POC/Escort agree to receive visitor on the date(s) above. POC/Escort will not/cannot see proposed visitor.

Comments: _____

By my signature, I certify that this visit will not provide exposure or access to classified or sensitive information.

POC Signature	Date:	Building/Room:
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Escort Signature	Date:	Building/Room:
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4. CENTER EXPORT REPRESENTATIVE

Concur and have provided POC/Escort a copy of MSFC Form 4336 with the CER signature. Do not concur with visit request and have provided POC/Escort a copy of the nonconurrence MSFC Form 4336.

Comments: _____

Signature:	Date:	Phone:
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5. PROTECTIVE SERVICES OFFICE

Accreditation Number:	Date Notified:	Signature:
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Badge Number:	Type:	Date:
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Name of Actual Escort (Print) (Signs for Badge):	Escort's Badge Number:	Signature of Escort:
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Remarks:

BIS 4200 CI to Escort Briefer NFNMS 4312 VMS

Date Received by AD50: _____

